

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		12	2/10
FORMALITY REVIEW	WMM	864	03-01-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	1	
2	✓	2	
3	✓	3	
4	✓	4	
5	✓	5	
6	✓	6	
7	✓	7	
8	✓	8	
9	✓	9	
10	✓	10	
11	✓	11	
12	✓	12	
13	✓	13	
14	✓	14	
15	✓	15	
16	✓	16	
17	✓	17	
18	✓	18	
19	✓	19	
20	✓	20	
21	✓	21	
22	✓	22	
23	✓	23	
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38	✓	38	
39	✓	39	
40	✓	40	
41	✓	41	
42	✓	42	
43	✓	43	
44	✓	44	
45	✓	45	
46	✓	46	
47	✓	47	
48	✓	48	
49	✓	49	
50	✓	50	

Claim	Final	Original	Date
51	✓	51	
52	✓	52	
53	✓	53	
54	✓	54	
55	✓	55	
56	✓	56	
57	✓	57	
58	✓	58	
59	✓	59	
60	✓	60	
61	✓	61	
62	✓	62	
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95	✓	95	
96	✓	96	
97	✓	97	
98	✓	98	
99	✓	99	
100	✓	100	

Claim	Final	Original	Date
101	✓	101	
102	✓	102	
103	✓	103	
104	✓	104	
105	✓	105	
106	✓	106	
107	✓	107	
108	✓	108	
109	✓	109	
110	✓	110	
111	✓	111	
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116	✓	116	
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121	✓	121	
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126	✓	126	
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138	✓	138	
139	✓	139	
140	✓	140	
141	✓	141	
142	✓	142	
143	✓	143	
144	✓	144	
145	✓	145	
146	✓	146	
147	✓	147	
148	✓	148	
149	✓	149	
150	✓	150	

If more than 150 claims or 10 actions
staple additional sheet here

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